DONATION FORM

THANK YOU FOR YOUR SUPPORT!

Singapore Heart Foundation
Your Heart We Care

Submit or mail the completed form to **9 Bishan Place #07-01 Junction 8 (Office Tower) Singapore 579837**.
For **credit card donations**, you may fax the completed form to **62585240** or email to **giving@heart.org.sg**.

DONOR PARTICULARS (For tax exemption receipt to be issued to)

Company/Full Name (Mr/Ms)*: _____

*Delete as appropriate (For individuals, please underline last name)

UEN/NRIC/FIN No.: _____ Address: _____

_____ (S)

Contact No. (H/P): _____ (Home): _____ (Email): _____

Name / Tel. No. of Contact Person (for companies): _____

DONATION AMOUNT

☐ $10 ☐ $20 ☐ $50 ☐ $100 ☐ Other Amount (please specify): $ _____

(minimum donation of $5/month is applicable for deduction made via GIRO)

FREQUENCY

☐ One-time donation (through cheque or credit card) ☐ Monthly recurring donation (through GIRO or credit card)

MODE OF DONATION

☐ Cheque No.: _____

(Crossed and in favour of "Singapore Heart Foundation")

☐ Credit Card (VISA/MASTER/AMEX)

Card No.: ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐

Expiry Date: ☐☐ / ☐☐ Signature as on card: _____

☐ GIRO (please complete the form below)

NOTE:

1. This donation is tax deductible and the 2.5 times deduction will be automatically included in your tax assessment based on the UEN/NRIC/FIN number provided. Tax deduction is subjected to changes in prevailing law, if any. You do not need to claim the deduction in your tax form.
2. We will keep all information (i) name, gender, nationality, date of birth, NRIC/FIN number; (ii) email address, postal address, telephone numbers; (iii) credit card number and expiry date in this Direct Debit Donor Programme confidential. This programme adheres to a very strict policy regarding donor privacy. We will use this information in order to (i) administer your accounts with us; (ii) process donations, orders or applications made by you; (iii) send you information and call/SMS you with regards to our events, programmes, fundraising, products or services; (iv) verify your identity; (v) carry out donor profile analysis and make general improvements to our organisation's operations; (vi) obtain your views or comments about our programmes, products and services; and (vii) contact the winners of our competitions (if any) and to help us plan other fundraising and/or promotional activities. No information, in whole or in part, in its paper or electronic format, will be disclosed, used, modified or reproduced for any other person or organisation, except in connection with these purposes stated.
3. By submitting this form, you hereby consent to SHF collecting, using and disclosing your personal data for the purposes set out above.

APPLICATION FORM FOR INTERBANK GIRO

PART I: FOR APPLICANT'S COMPLETION (The use of correction tape is not allowed. Amendments made on this form must be countersigned by applicant.)

Date: _____ Name of Billing Organisation: Singapore Heart Foundation

To (Name of Bank): _____ Applicant's Name: _____

Branch: _____ UEN/NRIC/FIN: _____

(a) We/I hereby instruct the Bank to process Singapore Heart Foundation's instruction to debit our/my account.

(b) The Bank is entitled to reject Singapore Heart Foundation's debit instructions if our/my account does not have sufficient funds and charge us/me a fee for this. The Bank may also at your own discretion allow the debit even if this results in an overdraft on the account and imposes charges accordingly.

(c) The authorisation will remain in force until termination by the Bank's written notice sent to our/my address last known to the Bank or upon receipt of our/my revocation through Singapore Heart Foundation.

(As in bank account) (As per Bank's record)

Our/My Name: _____ Our/My Signature(s) / Thumbprint(s)*: _____

* For thumbprints, please go to the branch with your identification.

Our/My Bank Account No.: _____ Our/My Contact No.: _____

PART II: FOR SINGAPORE HEART FOUNDATION'S COMPLETION

SWIFT BIC	Billing Organisation's Account No.
DBSSSGSGXXX	**003-948071-7**

Customer Reference No.											
S	**H**	**F**	**I**	**B**	**G**						

SWIFT BIC	Account No. to be Debited

PART III: FOR BANK'S COMPLETION

To: Singapore Heart Foundation

This application is REJECTED (please tick) for the following reason(s):

☐ Signature/Thumbprint differs from the Bank's records ☐ Wrong account number

☐ Account operated by signature/thumbprint ☐ Signature/Thumbprint incomplete/unclear

☐ Amendments not countersigned by customer ☐ Others

_____ _____ _____

Name of Approving Officer Authorised Signature Date